| .0 | 1 | P | E | ė) |
|----------|---|---|------|--|
| JUN Z | 1 | 8 | 2004 | 16 33:33:33:33:33:33:33:33:33:33:33:33:33: |

PTO/SB/22 (08-03)
Approved for use through 7/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARMENT OF COMMERCE
Under the paper ork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | | | | a) | Docket Number (Optional) 013590-133022 | | | |
|---|--|---------|--|-------------------------------|----------------------------|-----------------|---|---------------|--------------------|---------|
| ; | In re Application of MIG | | | | | | nael Lee | | | |
| | | | | Application Number 10/671,861 | | | | | 09/25/2003 | |
| | | | | For ID | ENTIFY | ING I | DEFECTS | IN DEC | CORATIVE | |
| | | | | Art Unit | not kno | wn | Examin | er not k | nown | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | | | | | | |
| The | requested e | xtensio | on and appropriate non-sm | all-entity fe | e are as fo | ollows (| check time p | eriod desir | ed): | |
| | On | e mon | th (37 CFR 1.17(a)(1)) | | | | | | \$ | - |
| | ☐ Tw | o mon | ths (37 CFR 1.17(a)(2)) | | | | | | \$ | - |
| | ☐ Thi | ee mo | onths (37 CFR 1.17(a)(3)) | | | | | | \$ | _ |
| | ⊠ Fo | ur mon | ths (37 CFR 1.17(a)(4)) | | | | | | s_1,480.00 | |
| | Fiv | e mon | ths (37 CFR 1.17(a)(5)) | | | | | | \$ | _ |
| | | | small entity status. See 37 | | . Therefore | , the fe | ee amount sh | own above | is reduced by one- | |
| _ | | | ulting fee is: \$ | _ | | | | | | |
| A check in the amount of the fee is enclosed. | | | | | | | | | | |
| | Payment by credit card. Form PTO-2038 is attached. | | | | | | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500393 | | | | | | | | | | |
| | I have en | close | d a duplicate copy of this | s sheet. | | | | | | |
| | I am the | | applicant/inventor. | | | | | | | |
| | | | assignee of record of the Statement under 37 | he entire i CFR 3.7 | interest. S 3(b) is end | ee 37 closed | CFR 3.71. I (Form PTC |)/SB/96). | | |
| | | X | attorney or agent of re- | | | | | | | |
| | | | attorney or agent unde Registration number if a | | | 4(a) | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | |
| | | , | 1-1 | | [i] | 1 | 9 R/1 | | | |
| | | 6 | //5/04 Date | | flest | W | | Signature | 7/2 | 861 |
| | | (5 | 03) 796-3742 | | • | | Robert | L. Harri | naton | 1067186 |
| | | 1 | elephone Number | | | | • | or printed na | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | | | |
| | Total of | | form | ns are subr | nitted. | | | | | 99 5 |

Total of forms are submitted.

This collection of Information is required by 37 CFR 1.136(a). The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete USPTO. Time will vary depending upon the individual case. Any commentation that amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BSAYASI1 0000014 10671861

130.00 DA